

PREDOCTORAL PSYCHOLOGY INTERNSHIP

**SOUTHERN ARIZONA VA HEALTH CARE SYSTEM
(SAVAHCS)**

Tucson, Arizona

July 25, 2003

[NOTE: The information in this brochure was revised on the date above. It is anticipated that it will remain current through the coming internship year. Unforeseen circumstances, however, may necessitate changes in policies, procedures or other components of the training program either prior to or during the internship year. Applicants are encouraged to inquire about such programmatic changes during the period of application and intern selection.]

TABLE OF CONTENTS

| | |
|--|----|
| CITY OF TUCSON..... | 1 |
| THE MEDICAL CENTER..... | 2 |
| PSYCHOLOGY TRAINING STAFF..... | 3 |
| PSYCHOLOGY INTERNSHIP PROGRAM..... | 7 |
| ROTATIONS..... | 13 |
| HEALTH PSYCHOLOGY..... | 13 |
| MENTAL HEALTH/PTSD..... | 15 |
| NEUROPSYCHOLOGY..... | 18 |
| REHABILITATION PSYCHOLOGY..... | 23 |
| PERFORMANCE EVALUATION PROCEDURES..... | 25 |
| GENERAL INFORMATION..... | 27 |

THE CITY OF TUCSON

The Tucson metropolitan area, with a population of approximately 800,000, is situated within the Sonora Desert, a unique and fascinating environment. The city is surrounded by four mountain ranges with peaks of nearly 10,000 feet. The climate is delightful. In fact, Tucson is the sunniest city in the U.S. Winter days are mild and sunny, and summer offers cool mornings and evenings with low humidity. The city offers an abundance of cultural and recreational activities, and its lack of urban sprawl makes these readily accessible. There are art galleries, symphony, ballet, theater and major entertainers in concert. The Native American and Hispanic cultures are major influences in the community. The wide variety of restaurants offers, among other cuisine, oriental, Italian, traditional American and, as you might expect, Mexican fare. For the gourmet, the restaurant scene is comprehensive enough to consume most of an intern's salary. Fortunately, much of the best of what Tucson offers is free, like the spectacular scenery.

The mountains surrounding Tucson provide ample opportunity for hiking, camping, rock climbing and picnicking. It's an hour's drive to the southernmost ski resort in the U.S. at Mt. Lemmon (9200 feet). Between Tucson and Mt. Lemmon one passes through all the climatic/environmental zones encountered between the desert of northern Mexico and the towering pine and fir forests of Canada. The desert has a special beauty that can be explored in comfort throughout fall, winter and spring. The beaches of northern Mexico, beautiful Oak Creek Canyon, the White Mountains and the Grand Canyon are all accessible for short vacations.

The University of Arizona, located in Tucson, makes a unique contribution to the cultural and intellectual life of the community. The main, science and medical libraries are good complements to the VA medical library. Arizona's athletic teams offer spectator sporting events including major-league and college baseball, football, basketball, ice hockey and more.

In short, Tucson is a pleasant and stimulating place to complete one's training in psychology, and it provides a wide variety of activities to supplement the internship experience.

THE SOUTHERN ARIZONA VA HEALTH CARE SYSTEM MEDICAL CENTER

The Medical Center is a 306-bed, acute care, general medical, surgical and psychiatric facility with a full-time staff of approximately 1430. A Geriatrics and Extended Care Center offers specialized programs including geropsychiatry, neurogeriatrics, rehabilitation medicine, respite care, hospice, interim care and long-term care. The 34-bed Southwest Blind Rehabilitation Center serves patients from a six-state region.

The Medical Center is affiliated with the University of Arizona, the Arizona Health Sciences Center, and Pima Community College in Tucson and with Arizona State University in Tempe. It has an approved residency program with training in all clinical specialties usually associated with a teaching facility. Special medical treatment programs include open-heart surgery, organ transplant surgery, neurosurgery, renal dialysis, and infectious disease (HIV) among others. Mental Health programs include an outpatient mental health clinic, an inpatient treatment unit, inpatient and outpatient substance abuse treatment, inpatient and outpatient PTSD treatment, and day programs. Most medical care is provided under the Primary Care model, in which multidisciplinary teams provide or coordinate all treatment of patients assigned to a particular team.

Clinical training is also offered to students in audiology and speech pathology, gerontology, nursing, pharmacy, psychology, social work, rehabilitation counseling (substance abuse), and other specialties. The Medical Center is involved in a broad range of applied and basic scientific research in such areas as health services, heart disease, microcirculation, neurology, nursing, oncology, rehabilitation and PTSD.

PSYCHOLOGY TRAINING STAFF

Ten SAVAHCs psychologists and one consulting psychologist from the community comprise the Psychology training staff. SAVAHCs psychologists participate independently as members of the treatment teams of most Mental Health programs, Primary Care medical teams, and the Southwest Blind Rehabilitation Center. Neuropsychological Assessment and Psychological Assessment programs, based in the Mental Health Care Line, serve the entire medical center on a consultation basis. The predoctoral clinical psychology internship is the principal educational function of Psychology, although occasionally training is provided to externs from the University of Arizona.

JAMES F. COMER, Ph.D., ABPP (Neuropsychology)

University: Kansas

Assignment: Acting Director of Consultation and Psychology Programs, Director of Psychology Training, Neuropsychologist

Theoretical Orientation: Dr. Comer's clinical approach to neuropsychological evaluation is centered on a continuum between quantitative and qualitative strategies of assessment. His theoretical framework is grounded in cognitive psychology, with a special interest in information processing models of brain functioning. He has been influenced strongly by the cognitive neuropsychology movement. In practice, his approach involves the use of standardized tests as a source of core information that serves as a basis for further evaluation with non-standardized tasks and process observations.

Professional Interests/Research: Cognitive neuropsychology, dementia (site co-investigator for Alzheimer's Disease Core Center grant funded by National Institute of Aging)

JULIE EWING, Ph.D.

University: Texas Tech

Assignment: Primary Care

Theoretical Orientation: Dr. Ewing's theoretical orientation toward individual therapy is primarily cognitive-behavioral. While she emphasizes the important role that cognitions play in behavior, she also stresses the importance of the therapeutic relationship. Behavioral change is effected through both cognitive-behavioral intervention and through the patient's realization that he/she is re-enacting dysfunctional behavioral patterns with the therapist. Her approach to group therapy reflects the process orientation advocated by Irvin Yalom.

Professional Interests/Research: Psychotherapy

ROBERT W. HALL, Ph.D.

University: Missouri (Columbia)

Assignment: Health Psychology

Theoretical Orientation: Dr. Hall's primary orientation is cognitive-behavioral, and he takes a strategic/pragmatic approach to therapy. Different levels of needs are identified, one or more are selected for intervention, and appropriate strategies are employed. The effect of therapy is regularly evaluated, and modifications and/or new needs are selected. Although this may sound mechanistic, the therapeutic relationship is the critical vehicle for productive change. Key decisions about the direction of therapy most often are generated by the client-therapist collaboration. In short, behavior and belief (cognitive maps, sets, expectations, etc.) have a reciprocal relationship and are the agents and targets of changes. It is the therapist's task to generate experiences that induce these changes.

Professional Interests/Research: Pain perception

SABRINA K. HITT, Ph.D.

University: Arizona

Assignment: Mental Health Clinic, Primary Care

Theoretical Orientation: Dr. Hitt's theoretical orientation is primarily cognitive-behavioral, and she also draws from different theoretical approaches to tailor treatment to the individual client. For example, she incorporates motivational enhancement therapy when clients are not in the action stage or when treatment adherence is an issue, e.g. diet, exercise, and medication adherence problems among primary care clients. She incorporates elements of mindfulness meditation into cognitive therapy when appropriate, e.g. for emotion regulation, stress management, and managing physical illnesses. Paying attention to emotional issues can help the client to make sense out of them and facilitate personal psychological development and behavior change. The therapeutic relationship is considered the foundation for change, and a client-centered approach is emphasized.

Professional Interests/Research: Disclosure and health, developing new treatments for depression (e.g. motivational enhancement therapy (MET), and acupuncture), MET to address adherence in physical illnesses, e.g. hypertension.

BENNETT A. JENNINGS, Ph.D.

University: Southern Mississippi

Assignment: Inpatient PTSD evaluation and treatment program

Theoretical Orientation: Dr. Jennings' graduate training in clinical psychology was cognitive behavioral in orientation. In practice, his treatment of PTSD involves the following components: processing the trauma through the establishment of rapport and trust and the application of supportive and insight-oriented psychotherapy, facilitation of behavior change through the use of cognitive behavioral techniques, increasing coping skills by providing education and training in stress management, and serving as case manager as needed in order to coordinate treatment with other disciplines.

Professional Interests/Research: PTSD

MICHAEL S. McLAUGHLIN, Ph.D.

University: Oklahoma State University

Assignment: Outpatient PTSD Clinical Team

Theoretical Orientation: Dr. McLaughlin's theoretical orientation is cognitive-behavioral. His approach to the treatment of PTSD emphasizes the critical role of establishing and maintaining an effective therapeutic relationship. It includes elements of psychoeducation, skills acquisition (e.g., anger management, effective communication, and relaxation skills), and the practical application of empirically supported treatments for PTSD. Pretreatment assessment is important for conceptualization and treatment planning, and the efficacy of treatment is routinely assessed in order to determine when goals are being approached. Patients are encouraged to be active collaborators in their own treatment, with goals being mutually agreed upon by therapist and patient. Case conceptualization is strongly informed by theories of social constructionism, and interventions are frequently strategic and process-guided in their implementation.

Professional/Research Interests: PTSD, personality and PTSD, behavioral medicine, process factors of psychotherapy

JAMES P. SULLIVAN, Ph.D., ABPP (Neuropsychology)

University: Connecticut

Assignment: Rehabilitation Psychology, Rehabilitation Medicine, Neuropsychology

Theoretical Orientation: Dr. Sullivan's approach to rehabilitation psychology emphasizes neuropsychological and personality assessment to identify factors which may impact course of rehabilitation. His background in traumatic brain injury and stroke rehabilitation, as well as his current work in blind rehabilitation, has resulted in a strong preference for a truly multidisciplinary approach to rehabilitation.

Professional Interests/Research: Neuropsychological function in Type II diabetics, benign visual hallucinations (Bonnet's syndrome)

FRED W. WIGGINS, Ph.D.

University: Indiana University

Assignment: Consultation/Supervision/Education

Theoretical Orientation: Dr. Wiggins' theoretical orientation is best described as eclectic. While drawing on Rogerian principles for building the therapeutic relationship he conceptualizes clinical issues primarily from a psychosocial developmental perspective. Therapeutic change is facilitated through the utilization of a variety of cognitive-behavioral, cognitive-emotional, solution focused, and insight oriented intervention strategies as determined by the client's expressed needs in the therapeutic relationship.

Professional/Research Interests: Individual, Couples, and Group Psychotherapy, Multicultural Counseling and Development, Organizational Consultation, Teaching and Training.

THE PSYCHOLOGY INTERNSHIP PROGRAM

The internship has been fully accredited by the American Psychological Association (APA) since 1979. It is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The Department of Veterans Affairs provides funding for four full-time predoctoral internship positions in clinical psychology. The Director of Psychology Training, a staff psychologist, is charged with full responsibility for the administration of the program.

Administratively, the internship falls within the Mental Health Care Line, one of several major divisions into which the clinical and non-clinical activities of SAVAHCS are grouped. Within the Mental Health Care Line are several multidisciplinary programs that provide a variety of clinical services and training. The internship is administered at this program level by the Director of Psychology Training.

The internship usually begins in the last week of August or the first week of September. It requires a weekly commitment of 40 hours of clinical service and training over a period of 52 weeks. Interns receive 108 hours of vacation time, up to 108 hours of sick leave, and paid time off on each of ten federal holidays. Interns may purchase health insurance for themselves and their families at federally subsidized rates. The salary for the internship appears in the current APPIC annual directory of internships, which is accessible at the APPIC Website: <http://www.appic.org/>

The internship adheres fully to all federal anti-discrimination laws and to the official policies of the American Psychological Association and the Association of Psychology Postdoctoral and Internship Centers (APPIC). This internship also abides by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant at any time during the internship application and selection process. By permission, the APPIC Match Policy is considered part of this program's descriptive information and should be viewed and/or downloaded at the APPIC Website:

Eligibility requirements for internship:

1. Enrollment in good standing in a doctoral training program in clinical or counseling psychology approved by the American Psychological Association.
2. Completion of at least three years of graduate study in psychology.
3. Completion of at least 1200 practicum hours (see "APPIC Definition of Terms for Documenting Practicum Experience" in the application form described below).
4. Sufficient academic progress that completion of the doctorate degree within two years of the beginning of the internship is feasible in the opinion of the Director of Training.
5. United States citizenship.

Philosophy of the Internship: The education of a doctoral level professional psychologist involves the accumulation of theoretical, empirical and experiential knowledge. The clinical psychology internship at the SAVAHCS provides a professional setting in which training is pursued primarily within the experiential sphere. It can be conceptualized as the highest level of the applied aspect of doctoral training. The emphasis of the internship is therefore not upon didactic instruction; it is upon the development of clinical skill through supervised experience in the application of theoretical and empirical knowledge.

The beginning intern is expected to be prepared to apply clinical strategies based upon empirically supported theories of the conceptualization, measurement and treatment of psychological disorders. The supervisor serves as a referent for the effectiveness with which these strategies are applied and helps to shape and refine the intern's developing professional style and skill.

Although the experiential component of professional education is emphasized, theoretical and empirical issues are not neglected. Psychology Training Seminars and Mental Health Continuing Education presentations occur approximately biweekly throughout the year. Other seminars and symposia occur throughout the year at SAVAHCS, the University of Arizona, and the Arizona Health Sciences Center. Interns who have completed their dissertations and who are interested in pursuing additional research will be directed to researchers at SAVAHCS or in the academic community for possible collaboration on existing or new projects.

The internship is committed to the scientist-practitioner concept of a professional psychologist. The model of education and training based upon this concept was formally articulated in January 1990 at the National Conference on Scientist Practitioner Education and Training for the Professional Practice of Psychology. Its ultimate goal is to produce clinicians who are prepared to provide psychological services independently and who demonstrate a commitment to the integration of clinical skills with the scientific foundation of applied psychology.

Clinical Rotations and Internship Tracks: All interns complete a three-month, full-time rotation in each of the following clinical areas:

Health Psychology
Mental Health/PTSD
Neuropsychology
Rehabilitation Psychology

Two clinical emphases or "tracks" are offered, and a separate rank list is submitted for each track in the APPIC-sponsored computer match. These are:

General Clinical Track (2 positions)
Neuropsychology Specialty Track (2 positions)

The General Clinical track is designed for the applicant who desires broad or general clinical training during internship rather than training that emphasizes a clinical specialty area. The Neuropsychology Specialty track is designed to conform to APA Division 40/International Neuropsychological Society and Houston Conference guidelines for specialty internship training in neuropsychology (*The Clinical Neuropsychologist*, 1987, 1(1), 29-34 and *Archives of Clinical Neuropsychology*, 1998, 13(2), 157-248).

The Neuropsychology Specialty track is differentiated from the General Clinical track by:

- (a) The intern's clinical and academic qualifications in neuropsychology prior to internship
- (b) The intensiveness of the neuropsychological training offered in the Neuropsychology and Rehabilitation Psychology rotations
- (c) The level of clinical neuropsychological responsibilities assumed by the intern in the Neuropsychology and Rehabilitation Psychology rotations.

The typical applicant for the Neuropsychology Specialty track:

- (a) Has had advanced course work in neuropsychology and related subjects
- (b) Has had supervised clinical experience in neuropsychology that includes test administration, scoring, interpretation, and report writing
- (c) Is planning to apply for a post-doctoral residency or fellowship in neuropsychology or rehabilitation psychology or is planning to seek doctoral level employment in one or both of these areas after internship.

More detailed discussion of the differences between the two tracks is provided in the descriptions of the rotations in Neuropsychology and Rehabilitation Psychology below.

Rotations may not be repeated during the year unless special circumstances require that this be done (e.g., to solve problems in scheduling or to respond to administrative changes affecting the structure of training programs or treatment programs). Repetition of a rotation requires the approval of the Director of Psychology Training and all interested rotation supervisors.

Outpatient Psychotherapy Cases: In addition to the principal rotations, each intern carries a caseload of three clients in outpatient psychotherapy throughout the internship year. These cases are assigned through the Mental Health Clinic and are independent of the primary rotations. (For editorial convenience, the word "psychotherapy" is used in this brochure as a general term referring to any established treatment procedure that is theoretically based and empirically supported in the professional and scientific psychology literature. Thus, it is not meant to exclude a treatment such as behavior therapy, for example.)

Psychology Program Meetings: Staff psychologists and interns meet approximately twice monthly for up to 1.5 hours. In addition to general administrative issues, these meetings deal with issues of clinical or professional interest and may involve presentations by interns of cases in which they serve as primary therapists. Following presentation of a case, interns and Psychology Service staff engage in discussion of case material. This provides interns with exposure to a variety of theoretical and therapeutic approaches to clinical problems. It also provides an opportunity to develop the case presentation skills necessary for most multi-disciplinary treatment team settings. Time in these meetings is also devoted to specific problems or issues related to the internship program in general, and priority in the agenda is given to the concerns of interns. This forum permits interns to voice their concerns to the entire staff and ensures the collaborative effort of the staff in confronting problems in the training program.

Interns attend the regularly scheduled Psychology Training Seminar or Mental Health Continuing Education Forum, which meet approximately biweekly. Presentations are by psychologists and other professionals and academicians. In addition to these seminars, interns are encouraged to attend colloquia, medical school conferences and teaching rounds at SAVAHCS, the University of Arizona Health Sciences Center, and the University of Arizona. Interns attend other meetings according to the requirements of the various rotations.

Supervision: Each intern is assigned to one or two principal staff psychologist supervisors for each rotation. Additional supervision is received from other staff psychologists as arranged by the Director of Training. Details of supervision during each of the standard rotations are presented in the descriptions of rotations in this brochure.

Approximately one hour of individual supervision is provided for every three hours of direct patient care. In addition to the expertise of psychologists, that of members of other disciplines is drawn upon for supervision in special interest activities such as Family Mental Health and Hypnotherapy.

Staff psychologists share primary supervision of the three ongoing outpatient psychotherapy cases. Two of the three required outpatient psychotherapy cases are supervised in individual weekly meetings with a supervising psychologist. The third case is supervised in a group format in which the intern class meets weekly with a psychologist to receive supervision in a psychotherapy workshop format.

Evaluation: Intern progress is evaluated formally with ratings completed by supervisors and informally through frequent verbal feedback from supervisors. Interns formally evaluate their supervisors and the quality of their experiences during each clinical training assignment. At the end of each rotation, interns are given structured feedback on their performance by their clinical supervisors. Twice during the internship (after 6 months and 11 months), the Psychology Service staff formally evaluates the performance of each intern. The Director of Training presents the results of this evaluation to the intern in an individual feedback session. A copy of the Mid-term and the Final evaluation is sent to the Director of Clinical/Counseling Training at each intern's university, and a copy of each is given to the intern.

The Application Process:

• **NOTE:** An applicant may apply for one or both internship tracks. If an applicant applies to both tracks, his or her numeric placement on the two rank lists (General and Neuropsychology) submitted by the Director of Training for the computer match will be determined by independent evaluation of the applicant's qualifications for each track. For example, an applicant with minimal training and experience in neuropsychology may be ranked very high on the General list and lower on the Neuropsychology list. *All applicants must indicate (e.g. in a cover letter, or in the AAPI statement of goals for internship) the track(s) they prefer when the initial application materials are submitted. An applicant who is interviewed for an internship position will have the option of revising his or her initial preferences after the interview.*

The deadline for receipt of application materials is December 1.

The following materials must be submitted:

1. A completed APPIC Application for Predoctoral Psychology Internship (AAPI) with an original signature.

The AAPI (also referred to as the "APPIC uniform internship application") is available for downloading as a word processor file at the APPIC Web site: <http://www.appic.org/>

The AAPI is formatted so that it may be completed on a computer. If more space is required to provide information, please create the space needed.

2. A curriculum vitae.

3. Official transcripts of your undergraduate and graduate academic records.

4. Three letters of recommendation sent from faculty in your academic department or from practicing clinicians who know your work in psychology (e.g. externship agency, etc).

5. The APPIC Verification of Internship Eligibility form completed and signed by your Director of Clinical or Counseling Training.

IMPORTANT: All of the above materials should be collected by the applicant into a single parcel and mailed to:

James F. Comer, Ph.D., ABPP
Director of Psychology Training (4-116B)
Southern Arizona VA Health Care System
3601 S. Sixth Ave.

Tucson, AZ 85723

Thus, the applicant must obtain all letters of reference and transcripts prior to submitting the application. No letters of reference or transcripts should be sent under separate cover to Tucson VAMC. Transcripts must be official, and letters of reference must be signed originals sealed into envelopes that are signed by the author over the seal to ensure confidentiality. To assist the authors of your letters of reference, letters may be addressed in a “To-whom-it may-concern” or similar generic format. Again, all application materials must be submitted simultaneously in a single parcel.

Do not send completed application forms by e-mail.

The internship observes strictly the guidelines regarding the computerized internship matching program adopted by APPIC and the Council of University Directors of Clinical and Counseling Programs. For more information or clarification, contact the Director of Training at the above address, call 520-792-1450, extension 6439 or 1826, or send an e-mail inquiry to james.comer@med.va.gov.

The Selection Process: Upon receipt of an application, the Director of Training conducts a preliminary review and assigns the application to a staff psychologist for additional detailed review. After the application deadline, some applicants will be interviewed by telephone and will have the opportunity to talk with a current intern. Others will be notified by mail within two weeks of the application deadline (December 1) that they are unlikely to be in the pool of applicants who will be placed on the APPIC rank list for potential internship offers.

The psychologists at SAVAHCS are sensitive to the potential financial hardship imposed on many interns by visiting prospective internship programs. For this reason, **an on-site interview is not required**. Visits to the site are neither encouraged nor discouraged. Whether an applicant makes an on-site visit is not a consideration in the process of evaluating the applicant's suitability for the internship or his or her motivation to accept an internship offer. Over the course of many years, this internship has accepted approximately equal numbers of applicants who did and who did not make an on-site visit.

It is understandable, however, that some applicants may wish to visit sites to which they are applying. If an applicant is planning to visit SAVAHCS, every effort will be made to schedule a meeting with a staff psychologist and a current intern.

INTERNSHIP ROTATIONS

HEALTH PSYCHOLOGY

I. Description

A. Primary Care: The Health Psychology program is one of the principal means by which the Psychology Service contributes to the medical treatment of outpatients at SAVAHCS. A staff psychologist and an intern are active members of one of the multidisciplinary Primary Care teams that provide or coordinate the general medical treatment of most patients.

B. Health Psychology Clinic: The centralized services of this clinic consist of several structured behavioral programs focusing upon preventive interventions and adjunctive treatment of specific medical conditions. Current programs include Smoking Cessation, Chronic Illness Support Group, and Didactic Pain Management Groups. In addition, individual cognitive behavioral therapy is provided to selected patients on a referral basis.

II. Requirements of the Rotation

A. Assessment: Only limited and brief formal psychological assessment is performed in the Primary Care clinics. Informal assessment (e.g., interviews) is done as needed to support the consultative role of the psychologist on the team. No formal psychological assessment is performed in the Health Psychology program. When such assessment is required for a patient in Primary Care or Health Psychology, referral is made to the Psychological Assessment program (see below under Elective Rotation Activities).

B. Psychotherapy: In the Primary Care clinics, patients whose medical conditions involve behavioral issues are seen for individual behavioral therapeutic intervention as soon as possible upon referral by the team. Brief, supportive individual intervention is provided to patients who are experiencing mild psychiatric conditions which can be managed while they are present for a Primary Care Team appointment. In the Health Psychology program, individual intervention is more formal and occurs outside the immediate context of a specific Health Psychology program. It tends to be brief, strategic and cognitive/behavioral. Therapy is individually tailored but generally includes combinations of hypnosis, relaxation training, biofeedback, reframing, thought stopping and stress management.

C. Group Therapy: This occurs in the Smoking Cessation, Pain Management, and Chronic Illness Support components of the Health Psychology program. The Smoking Cessation program involves a group presentation/discussion format and includes numerous cognitive behavioral exercises. The Pain Management and Chronic Illness Support groups are based on the support group model, so there is more focus on content than in traditional process-oriented group therapy. As group leader, the intern functions in an advisory capacity as well. The intern is responsible for developing and conducting a closed psychoeducational pain management group.

D. Consultation: Although accomplished informally, this is a principal activity in the Primary Care component of the rotation. The intern works as a team member with the staff psychologist three half-days per week in the outpatient clinics of the Saguaro Primary Care Team. In these clinics, the intern functions as a consultant to the team when psychological issues must be considered in the process of planning and managing a patient's medical care.

E. Documentation: Progress notes are required for each individual and group therapy contact. The intern learns and performs computer entry of diagnostic codes, Current Procedural Terminology (CPT) codes, and appointment information as well.

III. Supervision: This rotation follows the mentor/protege and Hardy/Loganbill models. The intern is thus expected to observe the supervisor, function as co-therapist/co-consultant, and work independently as appropriate. The supervisor provides one hour of regularly scheduled individual supervision weekly. In addition, supervision occurs during the actual provision of clinical services. Finally, unscheduled individual supervision is available as needed.

MENTAL HEALTH/PTSD

I. Description

A. Posttraumatic Stress Disorder Component: The PTSD component of the Mental Health rotation represents 15 hours per week of the intern's time shared between concurrent outpatient and inpatient training experiences. The outpatient experience occurs on the PTSD Clinical Team (PCT), and interns are primarily involved in performing initial PTSD intakes and providing individual and group psychotherapy. The inpatient experience is based in the Evaluation and Brief Treatment PTSD Unit (EBTPU), where interns are involved in structured assessment of PTSD and occasionally group therapy.

B. Mental Health Clinic Component: Psychologists play a vital role in the delivery of services to veterans with mental health problems, and the purpose of this rotation component is to provide interns with intensive experience (approximately 15 hours a week) in one of the following elective activities:

1. Psychological treatment of adults in a general outpatient mental health clinic (i.e., group and individual therapy in the outpatient Mental Health Clinic (MHC)), **or**
2. Psychological/psychodiagnostic assessment of patients referred from the MHC and various medical treatment programs.

II. Requirements of the Rotation

A. PTSD

1. Assessment: Interns conduct psychosocial histories and extensive structured clinical interviews (Clinician-Administered PTSD Scale) with veterans participating in the inpatient EBTPU. In the outpatient clinic, brief diagnostic interviews are conducted for intake purposes with veterans referred to the PCT.

2. Psychotherapy

a. Individual: Interns conduct outpatient individual psychotherapy with veterans diagnosed with PTSD. Interns are assigned a caseload at the outset of the 12-week rotation to maximize continuity of treatment.

b. Group: On the PCT, interns co-facilitate or facilitate PTSD groups. Opportunities for groups include supportive therapy or cognitive behavioral therapy. Interns may also develop content areas of interest to supplement existing groups. On the EBTPU, interns have the opportunity to provide relaxation training and skills-building groups.

3. Consultation: Interns participate as members of multidisciplinary treatment teams on the PCT and the EBTPU. Consultations are provided to team members and other care providers as needed, and to answer referral questions on patients referred for evaluation or treatment.

4. Documentation: On the PCT, progress notes are required for every patient contact (assessment, individual and group psychotherapy). Intake information and termination reports are also required, as appropriate. Interns are responsible for scheduling their own appointments, and for appropriate computer entry of applicable workload data. On the EBTPU, thorough assessment reports are written for each CAPS administered, and appropriate notes are entered for each psychosocial history conducted.

B. Mental Health

1. Assessment: The intern completes one psychological evaluation every two weeks, or six (6) assessments during the rotation. These assessments typically involve a full clinical interview and selected personality, projective, intellectual, or brief neuropsychological instruments. For each evaluation, the intern writes a formal report presenting results, interpretation and conclusions/recommendations. The intern provides feedback to the person who was assessed and to the referral source. Informal assessments (e.g. interviews) are conducted routinely in conjunction with psychotherapy and when consulting with medical health care programs. When appropriate, the intern administers objective questionnaires to evaluate outcome, e.g. BDI, BAI, GDS, etc.

2. Psychotherapy

a. Individual: The intern carries an outpatient psychotherapy caseload throughout the rotation. Towards the end of the rotation, primary care referrals may be given for evaluation and brief treatment or triage with other available treatment providers, in lieu of long-term cases that would be difficult to complete by the end of the rotation. The intern is encouraged to provide empirically supported treatments.

b. Group: The intern serves as a co-therapist for the 8-week mindfulness-based stress reduction group. This group is based on Jon Kabat-Zinn's empirically supported program developed at the University of Massachusetts and teaches participants to use meditation and present-moment awareness as a way of coping with stress more effectively. Interns complete appropriate background reading in preparation for this group. After completion of the 8-week group, in the remaining 4 weeks of the rotation the intern assists in screening participants for the subsequent group.

3. Consultation: Consultation is an integral part of the assessment activity in this rotation. The intern provides timely feedback to the providers who have requested consultation. This feedback is communicated electronically, telephonically, or personally. The intern also consults on as-needed basis with primary care providers in response to referrals from the primary care team.

4. Documentation: Progress notes are required for each individual and group therapy contact. The intern will be responsible for the mindfulness group notes every other week (alternating with the supervisor). The intern learns and performs computer entry of diagnostic codes, current procedural terminology (CPT) codes, GAF scores and clinical reminders, and appointment information.

III. Supervision

A. PTSD: The outpatient PTSD supervisor provides 1 hr/wk of regularly scheduled individual supervision; the inpatient supervisor provides .5 hr/wk. Additional informal supervision is provided on an unscheduled basis as needed (e.g., drop-by, phone, e-mail, observing direct clinical care).

B. Mental Health: Both the outpatient MHC psychologist and the assessment psychologist provide 1 to 1.5 hr/wk of regularly scheduled individual supervision. Supervision of the mindfulness group is provided by (a) the supervisor modeling the treatment approach during the group and (b) discussion prior to and following the group as needed. Additional informal supervision is provided on an unscheduled basis as needed (e.g., drop-by, phone, e-mail, observing direct clinical care).

NEUROPSYCHOLOGY

I. Description

A. The Neuropsychology Program provides comprehensive assessment of higher mental functions and follow-up counseling with patients and their families. Referrals to the program come primarily from the Neurology Section, but services are also provided to the Primary Care medical teams, general medical and surgical inpatient units, Geriatrics and Extended Care programs, Mental Health programs and Neurosurgery. Referral questions reflect a broad range of problems such as degenerative disorders, strokes and head injury. In the core program, the staff neuropsychologist and psychology interns contribute to neuropsychological evaluations. The program collaborates closely with the Neurology Section in clinical and training activities.

B. Specialty Track Neuropsychology Rotation: The Neuropsychology Specialty track is designed to conform to APA Division 40/International Neuropsychological Society and Houston Conference guidelines for specialty internship training in neuropsychology. One of the most important of these guidelines is that 50% of the training provided during the internship involves supervised clinical neuropsychological activities. The specialty track of the SAVAHCS internship fulfills this guideline through the Neuropsychology and the Rehabilitation Psychology rotations, both of which are supervised by psychologists who are board certified in clinical neuropsychology by the American Board of Professional Psychology.

C. General Clinical Track Neuropsychology Rotation: The principal objective of the General track rotation in Neuropsychology is to provide the intern with (a) an exposure to the kinds of procedures and patients seen in a neuropsychological clinic and (b) the skills required to screen patients for neurological disorders. The intern performs evaluations of patients referred from a wide range of programs, including Neurology. The training objectives of the rotation are adapted to the level of course work, clinical training, and experience that the intern brings to the rotation. Thus, the clinical responsibilities assumed are quite variable.

For the intern with little or no previous course work or experience in neuropsychology, training initially focuses on learning to administer and score neuropsychological tests at the basic level. Through recommended readings and analysis of case material, a basic foundation in neurobiology and neuropsychological theory will be fostered. Training in report writing may not occur until later in the rotation and may be limited to the non-interpretive sections of reports. For the intern who begins the rotation with much more training and experience in neuropsychology, the clinical responsibilities may approach the level expected of the Specialty track intern, although certain components of the Specialty track rotation are not included in the General track rotation.

II. Preliminary Qualifications for Neuropsychology Rotations

A. Specialty Track

1. To qualify for the Specialty track, the prospective intern must:
 - a. Demonstrate or be willing to acquire knowledge in the following areas--
 - (1) Physiological psychology
 - (2) Neuropsychological assessment
 - (3) Basic neuroanatomy
 - (4) Basic neuropathology
 - (5) Psychodiagnostic assessment
 - b. Have completed a minimum of 500 hours of supervised practicum experience in clinical neuropsychology, at least half of which were spent in test administration as part of neuropsychological evaluations of patients.
 - c. Have written, under supervision in a class or practicum placement, at least five comprehensive neuropsychological evaluation reports.
 - d. Have had a doctoral dissertation proposal related primarily to the field of neuropsychology approved by a dissertation committee, or have published research in neuropsychology or a closely related area.
2. Knowledge in the areas specified in 1.a above can be demonstrated by:
 - a. Transcript including relevant course work
 - b. Provision of a work sample
 - c. Discussion of actual case material provided by supervisor
 - d. Completion of reading assignments recommended by supervisor prior to beginning the rotation
 - e. Letters of reference from previous supervisors or instructors
3. It is emphasized that the beginning level of knowledge expected in neuroanatomy and neuropathology is *basic*.

B. General Clinical Track: All General Clinical track interns complete a rotation in Neuropsychology; there are no preliminary qualifications beyond those required for admission to the internship program.

III. Requirements of the Rotations

A. Specialty Track

1. The intern is responsible for administration, scoring, interpretation, and report preparation in two comprehensive neuropsychological evaluations, or one comprehensive and two brief evaluations, each week.
 - a. The intern begins assessing patients with tests and procedures chosen by the neuropsychologist. Once the administration and interpretation of these are mastered, the intern may employ alternative measures that yield information sufficient to respond to the referral question.
 - b. The intern is expected to interpret all neuropsychological data from both the qualitative and the quantitative perspective. Simple reporting of impairment indices or deviations from cut-off scores does not constitute a level of competence in interpretation of neuropsychological test data sufficient to meet the requirements of this rotation.
2. Soon after beginning the rotation, the intern assumes, under supervision, increasing operational and clinical responsibility. Thus, responsibilities may include:
 - a. Maintaining an organized written record of consult requests and their disposition
 - b. Communicating with referral sources
 - c. Performing the required neuropsychological evaluations
 - d. Carrying up to two cases requiring counseling or psychotherapy as follow-up to neuropsychological evaluations or upon referral of patients with neurological problems
 - e. Providing feedback on evaluation results to patients and their families
3. The intern attends and participates in:
 - a. Weekly outpatient dementia clinic conducted with a behavioral neurologist

b. Weekly Memory Disorders Clinic at the University of Arizona Health Sciences Center (AHSC)

c. Neurology rounds at SAVAHCS (as schedule permits)

d. Neurology grand rounds at AHSC (as schedule permits)

4. **Meetings:** On Tuesday and Friday mornings, the staff neuropsychologist meets with the intern in order to develop assessment strategies for the cases to be seen during the coming week and to discuss test results obtained during the preceding week. Scheduling decisions for the following week are made in both meetings.

5. **Miscellaneous:** The intern can pursue other activities related to neuropsychology according to his or her interests as schedule permits. Examples of such activities include readings, research, or off-station educational activities.

B. General Clinical Track

1. The parameters of the General Clinical Track Neuropsychology rotation are determined through consultation between the intern and the primary supervisor. Goals and required activities that are consistent with the intern's level of previous experience and course work in neuropsychology will be developed.

2. Typically, the General Clinical Track intern will be responsible for test administration and scoring in two comprehensive evaluations, or one comprehensive and two brief evaluations, each week. Most General Track interns will not begin writing reports until several weeks into the rotation, and many will not progress to the point of complete report writing during the rotation.

3. The General Clinical Track intern will attend the two weekly Neuropsychology meetings described above (A.4).

IV. Supervision

A. For both the Specialty Track and General Clinical Track interns, supervision occurs in the following contexts:

1. Up to one hour in each Tuesday and Friday Neuropsychology meeting.

2. Unscheduled individual supervision during the week as needed.

B. The responsibilities of the primary supervisor are to:

1. Provide guidance in the administration, scoring and interpretation of neuropsychological data and preparation of clinical reports.
2. Provide one half-hour per case of regularly scheduled weekly supervision of psychotherapy/counseling cases focusing upon psychosocial problems related to clinical neuropsychological issues.
3. Provide ongoing formal and informal feedback regarding the functioning of the intern in the role of clinical neuropsychologist.
4. Review and countersign all neuropsychological documentation by the intern in patients' medical records.
5. Recommend readings according to the intern's interests and training needs.
6. Facilitate the establishment of the intern's relationships with Neurology and other medical staff.

REHABILITATION PSYCHOLOGY

I. Description: The three-month rotation in rehabilitation psychology is designed to provide the intern with exposure to an inpatient rehabilitation setting. The patient population served consists of veterans who have suffered loss of vision, but the emphasis of the rotation is upon rehabilitation in general. The rotation takes place in the Southwestern Blind Rehabilitation Center (SWBRC), one of five such centers in the nation. The SWBRC provides blinded veterans with instruction and training in many areas, with the intent of maximizing the veterans' function and independence. It is a 35-bed facility with an average length of stay of ten weeks. The staff is multidisciplinary and includes blind rehabilitation specialists, physicians, nurses, research personnel and a psychologist.

II. Requirements of The Rotation

A. Assessment: The intern completes psychodiagnostic, personality, neuropsychological and vocational assessments as assigned by the primary supervisor.

B. Group Therapy: The intern conducts one group intended to facilitate stress management.

C. Individual Therapy: The intern functions as the principle psychologist for five to seven patients. In addition to performing supportive psychotherapy, the intern has the opportunity to work with patients in the areas of relaxation and assertiveness training.

D. Consultation: The intern consults with other members of the multidisciplinary team regularly and is available to offer input on the ways in which cognitive or personality considerations may be affecting specific patients' participation and progress in the rehabilitation program.

E. Research: Although not required, the intern will have the opportunity to participate in an ongoing research program. Current areas of interest include neuropsychological impairment associated with type II diabetes and benign visual hallucinations.

III. Supervision

A. Two hours of scheduled supervision by the staff psychologist are provided weekly, and additional supervisory time is available at the intern's request. It is understood that interns present with varying levels of experience in the areas detailed above, and training will be provided as necessary in order to supplement existing skill levels.

B. Supervision and training focus upon:

1. The identification of personality and/or cognitive factors that may have an impact upon the rehabilitation success of patients presenting for blind rehabilitation.

2. Individual and group psychotherapy skills with this special population.
3. General ability to function effectively as a psychologist on a multidisciplinary treatment team.

IV. Neuropsychology Specialty Track Interns: Neuropsychological services are frequently provided in a wide variety of rehabilitation programs, and rehabilitation is one of the most important areas of employment for neuropsychologists. The Rehabilitation Psychology rotation at SAVAHCS offers an excellent opportunity for the Neuropsychology Specialty track intern to learn about the types of problems that neuropsychologists encounter in such programs and how neuropsychological services are provided. In contrast to the General Clinical track rotation in Rehabilitation Psychology, the emphasis in clinical experience and supervision in the Neuropsychology Specialty track rotation is on neurological and neuropsychological issues. Many of the visual impairments of patients in the SWBRC are related to neurological disorders, and the Neuropsychology Specialty track intern is given enhanced opportunities to perform neuropsychological evaluations with these patients. Supervised experience in communicating the findings of such evaluations to an interdisciplinary treatment team is provided.

PERFORMANCE EVALUATION PROCEDURES

University Contacts: During the month before internship begins, the Director of Psychology Training corresponds with the university director of clinical/counseling training for each incoming intern. A copy of this brochure is sent to the directors. This affords the university faculty an opportunity to communicate with the Director of Psychology Training about the internship and the training needs of their students. The following represent other scheduled contacts with the intern's academic director of clinical/counseling training:

1. Within ten days of arriving at the Medical Center, each intern will have established a tentative sequence of rotation assignments for the year. This sequence is sent to the director of clinical/counseling training.
2. At the end of the sixth month of internship, the Director of Psychology Training sends to each intern's director of clinical/counseling training a summary of the intern's mid-term written evaluation.
3. At the end of internship, the Director of Psychology Training sends to each intern's director of clinical/counseling training a copy of the intern's written final evaluation.

Additional exchanges between the internship and the intern's academic program faculty are welcome and may be necessary under special circumstances.

Evaluation Schedule--

Initial Informal Evaluation: At the beginning of internship, the intern's performance is observed closely by the primary supervisor in order to assess training needs. Areas of strength are also identified. Supervisors then share these observations informally with each other in a staff meeting one month after commencement of the first rotation, and they make recommendations to interns as indicated.

Rotation Evaluation: The Rotation Evaluation is completed during the last week of each rotation. It involves written evaluation of the intern's progress and performance during the rotation. The intern also evaluates the supervision received. Feedback is exchanged in order to improve the quality of supervision and facilitate the professional development of the intern.

Mid-Term Evaluation: At the end of the second rotation, the entire staff meets to evaluate formally each intern's progress according to specific criteria that have been provided in written form to interns during the first week of internship. The Director of Psychology Training communicates the results of this evaluation to each intern individually. The evaluation serves to establish goals for the second half of the internship. A copy of this evaluation is sent to the academic director of clinical/counseling training.

Final Evaluation: This follows the same format as the Mid-Term evaluation and occurs during the final month of the internship. The Director of Psychology Training completes a final written evaluation of each intern. After the results have been discussed with the intern, a copy of this is sent to

the academic director of clinical/counseling training. Each intern completes a written evaluation of the internship experience as well, including recommendations for change, and this is submitted anonymously to the Director of Psychology Training. Results of this are discussed with staff.

GENERAL INFORMATION

Work Schedule: Aside from authorized absences for approved training activities, interns fulfill all internship responsibilities at SAVAHCs during a forty-hour week (Monday through Friday, 8:00 AM to 4:30 PM). Certain rotations, however, may include limited regularly scheduled training activities at other locations in Tucson. Interns are not on call outside the normal working hours, they are not expected to carry pagers, and they are not required to work on weekends. Aside from hours spent in approved weekend or evening training events, only work completed between 8:00 AM and 4:30 PM is counted toward the required 2080 hours of internship.

Although the clinical assignments of the internship can be fulfilled by most interns within the regular forty-hour week, at times interns may find it necessary or desirable to engage in activity in support of these assignments outside this regularly scheduled time. An example of such activity would be library research on a diagnostic issue presented by a patient in an intern's caseload. Interns should be aware that the temptation to take advantage of the many training opportunities available outside their assigned rotations can interfere with completion of the clerical and documentary aspects of training assignments (e.g., scoring test protocols, writing progress notes). Thus, to the extent that interns assume a greater load of optional work or training, they can expect to spend more time outside normal work hours in the support of such activities.

Again, no professional activity pursued outside normal working hours counts toward the 2080 hours required to complete the internship unless it is approved by the Director of Psychology Training.

Benefits and Leave Policy: Benefits include all federal holidays, 13.5 days of Annual Leave (vacation), up to 13.5 days of Sick Leave (NOTE: According to federal regulations, any employee requesting extended Sick Leave may be required to provide documentation of medical need and treatment by a physician.), up to five days of Authorized Absence for attendance at approved educational or professional meetings, medico-legal liability coverage for clinical activities performed in the course of fulfilling internship requirements at SAVAHCs, and eligibility for subsidized health insurance.

Annual Leave and Sick Leave each accrue at a rate of 4 hours every two weeks. Thus, interns should not expect to take lengthy periods of Annual Leave early in the internship. Annual Leave may not be "borrowed" from expected future accruals of leave. Not more than one week (five working days) of Annual Leave is granted during any three-month rotation without the approval of the intern's primary supervisor.

Authorized Absence must be approved in advance by the Director of Training and by the intern's principal rotation supervisors. Authorized Absence may not be used for activities related to job search (e.g., interviews, travel).

Federal holidays include:

New Year's Day
Martin Luther King Day
Washington's Birthday
Memorial Day
Independence Day
Labor Day
Columbus Day
Veterans' Day
Thanksgiving Day
Christmas Day

Intern Research: The internship at Tucson VAMC is a clinical internship, and training in clinical activities takes precedence over intern research interests. Interns are encouraged to pursue their research interests in the time remaining after their clinical responsibilities, including documentation, have been met. Generally, an intern who meets the minimal clinical demands of most rotations efficiently can expect to have about four hours a week available to pursue additional professional interests, including research. Applicants should not, however, plan to execute dissertation research during the regular internship work schedule, as the demands of such research typically exceed the time available after the intern has fulfilled clinical training assignments.

An intern who has completed a dissertation prior to internship is more likely to be able to engage in research during internship than one who has not, as such projects can be pursued in the absence of the academic, logistical and time pressures that are inherent in dissertation research. An intern who has completed the data-gathering phase of dissertation research prior to beginning internship may use free time to write the dissertation, but even the demands of this usually exceed the time available during the typical forty-hour week of internship activity. Clinical responsibilities always have priority over work on dissertations.